

FORM DR-2: Disclosure Summary PageStatus: **Amended**ID #: **1385**Committee: **McCarthy for State Representative**Comm Type: **State House**Date Due: **01/19/2003**Report Year: **2002**Treasurer: **Brian J Meyer**

Primary Ph. (515)255-3994 Secondary Ph. (-)

Chair:

County: **NA**Amended: **4/9/2004**

Statutory Due Date	01/19/2003
Adjusted Due Date	01/21/2003
Received Date	01/21/2003
Postmark Date	/ /
Amended	04/09/2004

Statement of Cash on Hand

Cash on Hand at Start of Period	\$4,812.30
Schedule A: Cash contributions Total	\$1,625.00
Schedule F: Loans Received Total	\$4,500.00
Schedule H: Campaign Property Sales	\$0.00
SUB-TOTAL	\$10,937.30
Schedule B: Expenditure Total	\$9,873.94
Schedule F: Cash Loan Repayments	\$750.00
Cash on Hand At End of Period	313.36

Additional Assets and Liabilities

Loans in Place at Start of Period	\$0.00
Schedule D: UnPaid Bills	\$1,000.00
Schedule E: In-Kind Contributions	\$0.00
Schedule F: Forgiven Loans	\$0.00
Schedule F: Outstanding Loans	\$3,750.00
Schedule G: Consultant Breakdown?	No
Schedule H: Campaign Property Value	\$0.00

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

M'Carthy for state Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11-1-02	ID# CK#	Bankers trust	analysis service fee	\$ 3.96
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 3.96
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page _____ of _____

(for Schedule B)

DISCLOSURE SUMMARY PAGE**COMMITTEE NAME** (Must be same as on Statement of Organization)MCCARTHY FOR STATE REPRESENTATIVE**IMPORTANT:** Indicate type of committee you are reporting for: ☒(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support Slate of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

KEVIN MCCARTHY

Political Party

DEMOCRAT

Office Sought

STATE REPRESENTATIVE

District (if Senate or House)

HOUSE 67Kevin McCarthy
SIGNATURE OF TREASURER (or person filing this report)779-3635
TELEPHONE1-21-03
DATE SIGNED**FORM
DR-2**

(Rev. 05/2002)

DISCLOSURE
REPORT**For Office Use Only**

Comm. #

Indexed

Audited

Computer

DISCLOSURE

JAN 21 2003

FILED

1-21-03

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**I AM FILING A 1-21-03 REPORT FOR AN/A (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate one ☒☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held
by the committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period, or must be zero if this is first report filed.)\$ 5,528.⁵⁵**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,625.⁰⁰

Schedule F: Loans Received total (Attach Schedule F)

4,500.⁰⁰

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

11,653.⁵⁵**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

10,619.⁹⁸

Schedule F: Loan Repayments total (Attach Schedule F)

~~1,033.⁵⁷~~**CASH ON HAND** at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3)\$ 1,033.⁵⁷***UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ 5,000 ESTIMATE***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 1,000****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ _____

CANDIDATE COMMITTEES ONLY:**CONSULTANT BREAKDOWN** (Schedule G Attached?)YES ☒ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)\$ N/A

For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN

(Including candidate's personal funds)

SCHEDULE A (Rev. 08/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-24-02	ID# CK# 1092	EFFECTIVE GOVT. COMMITTEE 607 14 th ST. NW., STE. 800 WASHINGTON, D.C. 20005		\$ 500. ⁰⁰	
10-24-02	ID# CK# 1292	IA AGRIBUSINESS EMPLOYEES PAC 900 DES MOINES ST. DSM, IA 50309		100. ⁰⁰	
10-24-02	ID# 6019 CK# 0551	CWA LOCAL 7102 - PAC 3612 SW. 9 th ST. DSM, IA 50315		100. ⁰⁰	
10-30-02	ID# CK#	CHIROPRACTORS PAC		150. ⁰⁰	
12-30-02	ID# CK#	MARGO + SANDE McNABB 1232 WISCONSIN AVE. AMES, IA 50014		25. ⁰⁰	✓
12-30-02	ID# CK# 3093	CENTRAL IA BUILDING + CONSTRUCTION TRADES COUNCIL P.O. Box 7310 DSM, IA 50309		250. ⁰⁰	✓
12-30-02	ID# 6085 CK# 764	IA ST. BUILDING + CONSTRUCTION TRADES COUNCIL 110 10 th AVE N.W. ALTONA, IA 50009		250. ⁰⁰	✓

SUB-TOTAL

1,375.⁰⁰

TOTAL (if last page of this
schedule)

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form.

CONTRIBUTIONS — MONEY TAKEN

(Including candidate's personal funds)

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McCarthy for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND— RAISER INCOME
12-30-02	ID# 6070 CK# 2893	FA LAW PAC 521 E. LOCUST ST. 3rd FL. DSM, FA 50309		\$ 250. ⁰⁰	✓
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

TOTAL (if last page of this
schedule)

250.⁰⁰

1,625.⁰⁰

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Page 2 of 2
(for Schedule A)

COMMITTEE NAME (Must be same as on Statement of Organization)

MCCARTHY FOR STATE REPRESENTATIVE

SCHEDULE F (Rev. 08/96)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
5-17-02 10-31-02	KEVIN MCCARTHY 5220 SE. 31 st CT. DSM, IA 50320	CANDIDATE	\$ 4,500.00 4,500.00

TOTAL (PART I) \$ ~~4,500.00~~
4,500.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$

From Schedule E -- TOTAL LOANS FORGIVEN \$

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$

*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

McMATHY FOR STATE REPRESENTATIVE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-17-02	ID# CK# 1102	DORNE STEVENS 6008 INDIANA AVE. DSM, IA 50320	STIPEND FOR FOOD + DRINK FOR PHONE CALLING	\$ 50. ⁰⁰
10-18-02	ID# CK# 1103	MAIL SERVICES E. 9th + UNIVERSITY DSM, IA 50309	POSTAGE + MAIL SORTING FOR 2 MAILINGS	4,000. ⁰⁰
10-30-02	ID# CK# 1104	MAIL SERVICES " "	MAILING POSTAGE	821. ⁷³
10-31-02	ID# CK# 1105	MAIL SERVICES " "	" "	2,035. ⁸⁴
11-13-02	ID# CK# 1106	CARTER PRINTING 1739 E. GRAND DSM, IA 50317	INVOICE # 74060 4 DIFFERENT POSTCARDS	2,957. ⁴⁰
12-02-02	ID# CK#	BANKRUPT TRUST	ATTS Service fee	4. ⁹⁷
12-30-02	ID# CK# 1107	DMPD CREDIT UNION E. 2nd + CUMT, DSM	FIRST PAYMENT ON LOAN	750. ⁰⁰
	ID# CK#			

SUB-TOTAL \$ 10,619.⁹⁸

TOTAL (if last page of this schedule) \$ 10,619.⁹⁸

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

McCAITHY FOR STATE REPRESENTATIVE

SCHEDULE

D

(Rev. 08/98)

INCURRED
INDEBTEDNESS☐ CHECK THIS BOX
IF AMENDING
FORMNOTE: Debts previously reported that remain unpaid must be included on this
Schedule, as well as any new obligations incurred in this period.DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)An "incurred debt" is a debt for
goods or services ordered or
received, but not paid for by the
end of the reporting period.,
regardless of whether an invoice
has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
NOV. 5 TH 2002	BRIAN J. MEYER DSM, PA 503	ELECTION MAN paymt FOR CAMPAIGN MANAGER	\$ 1,000. ⁰⁰

SUB-TOTAL \$

TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD \$

1,000.⁰⁰

*If actual figure is unknown, show "estimated" beside the figure.

Page (of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant."